

3 5M 8-18-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Miami County Dade No..... St.

| | | | |
|--|------------------------------|-----|---------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number* in order of birth |
| <u>Male</u> | | | <u>3</u> |
| DATE OF BIRTH* <u>November 10 - 1922</u> | | | |
| (Month) (Day) (Year) | | | |
| FULL NAME | FATHER | | |
| <u>Felipe Soto</u> | | | |
| FULL NAME | MOTHER | | |
| <u>Nabor Montenez</u> | | | |

I HEREBY CERTIFY that the child described herein has
been named

Ramon Soto
(Give name in full) (Surname)

Felipe Soto
(Parent's Signature)

Cyril M. Brown M.D.
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar

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926-1110-549

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